



CLAIM FOR REFUND

File with:

Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242

Name of Taxpayer _____ Account Number _____

Street Address _____

City and State _____ County _____

Kind of Tax _____ Taxable Period (or year) _____

Date Tax Paid _____ Amount Paid _____ Amount Claimed as Refund \$ _____

Basis of Claim (Attach schedules if additional space is required):

Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Name _____ Title _____
(Signature of Taxpayer, Officer, or Authorized Representative)

Date _____

Claim examined by _____

Class of Tax

Amount by Type

1 _____

2 _____

3 _____

4 _____

Refund Number _____

The above claim for refund is approved in the amount of

\$ _____ Date _____

Director

Commissioner of Revenue

Attorney General